

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                            |                               |
|----------------------------|-------------------------------|
| Date Of Report             | 30/07/2018 12:05              |
| Date Of Accident           | 29/07/2018 17:15              |
| Exact Location Of Accident | BLK 18A JALAN MEMBINA CARPARK |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLH6277U             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CARCLUB PTE LTD      |
| Co Reg No                   | 200912077G           |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-94567857 |
| Alternative Phone No        | OFFICE-94567857      |

### Vehicle Particulars

|                                                                              |              |
|------------------------------------------------------------------------------|--------------|
| Manufacturer                                                                 | NISSAN       |
| Model                                                                        | NOTE-1.2 (A) |
| Exact Purpose for which vehicle was being used at time of accident           |              |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO           |
| If No, Please state action to be taken                                       | THIRD PARTY  |
| Vehicle Category                                                             | PRIVATE CAR  |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | YES                                  |
| Policy Number             | MSD/VPCB/18-000130-00                |
| Cover Note Number         |                                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | KOH THONG MUI        |
| NRIC No              | S1384138A            |
| Date Of Birth        | 05/01/1959           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 04/06/1986           |
| Driving Experience   | 32 YEARS AND 1 MONTH |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-96486850 |
| Fax Number           |                      |
| Contact Number       |                      |
| Email Address        | NOEMAIL              |

|                                                     |                           |
|-----------------------------------------------------|---------------------------|
| Address                                             | BLK 5 EVERTON PARK #09-24 |
| Postcode                                            | 080005                    |
| Was driver an employee of the Insured's Company     | NO                        |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER             |
| Vehicle Registration Number of Driver's Own Vehicle | -                         |
|                                                     | -                         |
|                                                     | -                         |
| Insurance Company of Driver's Own Vehicle           | -                         |
|                                                     | -                         |
|                                                     | -                         |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | COLLISION - MAJOR/MINOR RD |
| Weather Conditions | CLEAR                      |
| Road Surface       | WET                        |

#### Other Information

|                                                                                             |     |
|---------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in this accident?                                          | NO  |
| Number of vehicles involved in the accident                                                 |     |
| Was any body injured in the Accident?                                                       | NO  |
| Was any injured conveyed to hospital by ambulance?                                          | NO  |
| Was any other material or property damaged?                                                 | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)                                                     | 1   |

#### Details of Police Action

|                                           |    |
|-------------------------------------------|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

Refer to sketch plan

#### Attachment(s)

|                                               |     |
|-----------------------------------------------|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SJL5584S    |
| Vehicle Make/Model/Colour           | HONDA JAZZ  |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      |             |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



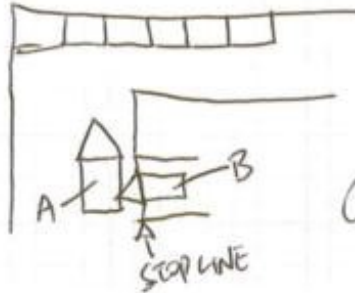
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN

A=SLH6277U

B=SJL5584S



Ceh 30/7/18

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ENTERING THE CAR PARK AT ISA JLN MEMBINA,

SUDDENLY VEHICLE B (SJL5584S) BANG THE RIGHT SIDE

OF MY VEHICLE. HE WAS COMING DOWN FROM THE UPPER

DECK AND FAIL TO STOP ~~AT~~ AT THE STOPLINE.

WE WAS DRIVING STRAIGHT. Ceh 30/7/18

### DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

Ceh

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Incorporated in Singapore)  
4 Shenton Way, #21-01, SGX Centre 3, Singapore 068807  
Tel: +65 6577 7888, Fax: +65 6577 7890  
msig.com.sg

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)  
Motor Vehicles (Third Party Risks And Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

16/07/2018

Insurance : 01000/ 0001 1

Others Excess : Refer to your policy schedule

K2001-022

CERTIFICATE No

MUM/VRCA/18-00010-00

1. Index Mark and Registration

Number of Vehicle

SLH62773

2. Name of Policyholder

CARL CHOW PING KITO

3. Effective date of the Commencement of Insurance for the purposes of this Act

01/01/2018

4. Date of Expiry of Insurance

31/12/2018

5. Persons of classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf prohibiting driving the Motor Vehicle.

And Provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use\*

1. Use for the carriage of passengers or goods in connection with the policyholder's business.

2. Use for social, domestic & pleasure purposes and business purposes of any person to whom the vehicle is hired.  
The Policy does not cover:-

1. Use for racing, pace making, reliability trial or speed testing.

2. Use whilst driving a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3. Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

J. THIRUPATHI

#### IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle.

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer or if this Certificate

has been lost or destroyed a Statutory Declaration to that Effect has to be made. Failure to comply with this obligation is an

offence under the compulsory Insurance Legislation. This Certificate must be returned if the Insurance is suspended during its currency.

If you are involved in an accident, all details must be forwarded immediately to the Company.

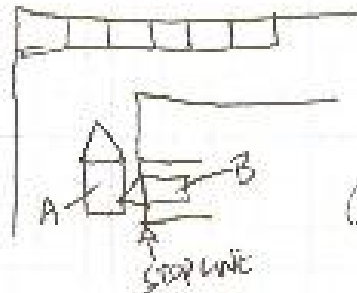
FORM M2408

# Sketch Plan

## SKETCH PLAN

A = SLH6277U

B = SSL5584S



Cek 30/7/18

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ENTERING THE CAR PARK AT 18A ILW MEMORIAL,

SUDDENLY VEHICLE B (SSL5584S) BANG THE RIGHT SIDE

OF MY VEHICLE. HE WAS COMING DOWN FROM THE UPPER

DECK AND FAIL TO STOP ~~AND~~ AT THE STOPLINE.

WE WAS DRIVING STRAIGHT. Cek 30/7/18

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Reporting Officer's Name and  
Date & Time:

Driver's Name and  
all driver's and the vehicle's  
Date & Time:

Reporting Officer's Name and  
Date  
MOBILE NO.:

## Sketch Plan

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I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("SIA") may/are permitted to collect, use, disclose and/or process my personal data (personal information set out in this form) and any other personal information provided by me or processed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the Police), for the purpose(s) of:
  - i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - ii) investigating the accident and/or my claims;
  - iii) carrying out and/or dealing with my instructions or responding to any enquiries to me;
  - iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which may involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of my postal/packages) and/or
  - v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) All Insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process the Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/then be disclosed by any of the Insurers and/or SIA to their third party service providers or agents (including their lawyers/law firms), which may be based outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compute claims history for the purpose of fraud detection, investigation and management in respect of all future claims;
- (e) the information so collected under (c) above may be shared / disclosed:
  - i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes aforesaid; or
  - ii) for complying with requirements under any regulations, laws or court orders.



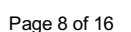
Policyholder's Signature  
Date & Time:

*Cash*

Driver's Signature  
(Please indicate the policyholder)  
Date & Time:



Reporting Centre Person's signature  
Name:  
NRIC/IN Pass:





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

